

CLAIMS ONLY

Application Number
D9/01/202922

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | / | | | | | |
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| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| Total Indep | 28 | | | | | |
| Total Depend | 260 | | | | | |
| Total Claims | 28 | | | | | |

Best Available Copy